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<b>SERIAL NUMBER</b> 09/625,886	<b>FILING OR 371(c) DATE</b> 07/26/2000 <b>RULE</b>	<b>CLASS</b> 227	<b>GROUP ART UNIT</b> 3721	<b>ATTORNEY DOCKET NO.</b> 1695 CPCN3
<b>APPLICANTS</b> Dominick L. Mastri, Bridgeport, CT; Frank J. Viola, Sandy Hook, CT; Thomas W. Alesi JR., New Fairfield, CT; Robert J. Geiste, Milford, CT; Jon Wilson, Fairfield, CT;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/497,647 02/03/2000 ABN which is a CON of 09/119,543 07/20/1998 PAT 6,032,849 which is a CIP of 08/520,202 08/28/1995 PAT 5,762,256				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/15/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 38	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 50855				
<b>TITLE</b> SURGICAL STAPLER				
<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	